

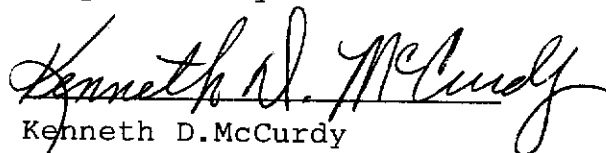
RECEIVED
07 OCT 12 PM 1:39
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

TO: RICHARD W. WIEKING
CLERK OF THE DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Ref: C07 5084 CW Petition for Writ of Habeas Corpus

u
In the above numbered case, I recieved from your office a notice of filing and a notice that the Filing Fee had not been recieved by your office. I have personally handed my case worker (counselor) four different Inmate Trust Account request for the fee's to be paid in this case. I am sending a copy of the fifth request to your office as proof that as an inmate I am doing everything that I can to get this matter taken care of. I would like a copy of this letter of intent to be entered into the court's notice. I have also started a CDC 602 appeal process against the case worker, a Mr. S. Arno CCI of California Training Facility, Soledad, Ca. I would ask that the Clerk of the Court take in to consideration the limited excess we as inmates try to get these matters handled in a timely fashion but are being held hostage when it come to getting a state employee to do anything that entails use of common sence. In that regard I thank you for any consideration that you may show in this matter.

Very Sincerely


Kenneth D. McCurdy
C-76230 ED-184-L

cc: Inmate File
S. Arno CCI

STATE OF CALIFORNIA
CDC - 193 (7/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date 10-16 2007

To: Warden

Approved _____

I hereby request that my Trust Account be charged \$ 5.00 for the purpose stated below and authorize the withdrawal of that sum from my account:C-76230

NUMBER

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchase).

PURPOSE _____

LEGAL FEE(5th Request)Kenneth D. McCurdy
NAME (Signature please, DO NOT PRINT)PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.NAME United States District CourtNorthern District of Ca.ADDRESS 450 Golden Gate AveP.O. Box 36060SAN FRANCISCO, Ca 94102-9680Kenneth D. McCurdy
PRINT YOUR FULL NAME HERE

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
McCurdy, Kenneth D.	C-76230	PIA Wood Factory Shop 2	ED-184-L

A. Describe Problem: I have been since June of 07 trying to get this counselor to perform his duties as outlined in context to legal material. In June of 07 I filed in the court a writ of Habeas Corpus and at the same time I handed MR. S. ARNO, CCI at East Dorm office, a signed request for a Trust Withdrawal made out to the Courts along with a addressed and stamped envelope. Mr. Arno was supposed to take the Trust Account Withdrawal slip to Inmate Trust Account Office of California Training Facility Central Facility, Get a check cut then slip it into the addressed envelope then

If you need more space, attach one additional sheet.

B. Action Requested: That Counselor S.Arno be advised of his duties and that he be held accountable for the time loss in the courts. That a new system be installed here at CTF-Central as to the Time Line on getting Legal Funds out to the Courts on the Date of recieving the Inmate Trust Account request

Inmate/Parolee Signature: Kenneth D. McCurdy Date Submitted 10-09-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Date Returned to Inmate: _____

Staff Signature: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response

Signature: _____

Date Submitted: _____

"CONTINUED SECTION "A"

hand carry this legal instrument to the mail room and post it to the courts. Since this has failed to be carried out in the afore said manner and has caused the court to hold up the writ (CV07-4732-PSG(MLG)) Has thus caused and created a violation of State and Federal Constitutional Law, This includes but not limited to violation of the 8th and 14th Amendment to the Constitution of the United States and under the Due Process clause of the State of California Penal Code.

This Counselor "Mr. S. Arno CCI, a duly sworn Correctional Officer and a member of the CCOPA and as such a sworn member of the Court System of the State of California and as such is responsible under the "COLOR OF LAW" for the State of California and is held to a standard of responsibility for the inmates under his immediate care. Mr. Arno has shown Complete Indifference and callus disregard to the Cruel and Unusual situation he has placed this inmate in. Therefore this matter has to be settled in a manner that satisfy the courts and this inmate.



'continued section 'b''

from the inmate instead of through the approval of the counselor since this is only this institutions policy this policy needs to be changed and one person be delegated to handle the issuance and MAILING of funds to the Courts. There are many different solutions to this problem as the counselors do not want to be logged down with this responsibility. And most will foster this duty off to some desk other than thier own. And therefore pass the responsibility on to someone not capable of doing the job properly.

Thank You.

